

**SUPRAREGIONAL CENTRE FOR THE TREATMENT OF PRIMARY BONE & SOFT TISSUE TUMOURS**

**Hospital Referral of Suspected or Diagnosed  
Bone or Soft Tissue Sarcoma to RNOH**

Referring Consultant: \_\_\_\_\_ Cons secretary Phone no: \_\_\_\_\_  
 Referring Hospital: \_\_\_\_\_ Cons secretary Fax no: \_\_\_\_\_  
 Date of Referral: \_\_\_\_\_ Cons secretary Email: \_\_\_\_\_

Form submitted by: _____	Contact Number: _____
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<b>PATIENT DETAILS</b>	
Name _____	Sex: M/F _____
NHS No. _____	
Date of Birth _____	Address _____
_____	
_____ Postcode _____	
Telephone _____	
Mobile number _____	

<b>GP DETAILS</b>	
Name of GP _____	
Address _____	
_____	
_____ Postcode _____	
Telephone _____	
Fax number _____	

PATIENT INFORMATION:

Is the patient? (please tick)

An Outpatient

Was patient an **URGENT GP CANCER REFERRAL?**

Please provide Cancer Waiting Time information in referral letter

An Inpatient

Please state ward name, telephone and fax numbers:  
 \_\_\_\_\_

Is the patient aware of this referral? (please tick) Yes  No

**PLEASE EMAIL THIS REFERRAL FORM ALONG WITH THE FOLLOWING:**

(please tick)

Referral Letter (on headed paper & outlining clinical details)

Previous history of cancer? (include details in referral letter)

Imaging and Reports: Via IEP?  Via CD?

Histology Reports

MDT Office, The Sarcoma Unit,  
 Royal National Orthopaedic Hospital,  
 Brockley Hill,  
 Stanmore,  
 Middlesex, HA7 4LP  
 Tel: 020 8909 5112  
[rno-tr.CancerReferrals@nhs.net](mailto:rno-tr.CancerReferrals@nhs.net)

**Please note that we will not be able to fully process incomplete referrals and this may delay treatment** You will receive an email confirming receipt of referral.

**For discussion at Fridays MDT Meeting all information must be complete and received by  
 3pm Wednesday**

**If courier is being used to bring imaging please deliver to the above address. If out of hours, please ask courier to leave with Security at the Main Gate – it will be picked up from there**

RNOH use: Date referral received \_\_\_\_\_ Date imaging received \_\_\_\_\_